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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/007,156	12/05/2001	John G. Sotos	021262-000110US	5725	
	7590 03/03/200 AND TOWNSEND AN		EXAMINER POPEPTSON DAVID		
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EIGHTH FLOO SAN FRANCIS	SCO, CA 94111-3834		ART UNIT	PAPER NUMBER	
			3623		
			MAIL DATE	DELIVERY MODE	
			03/03/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/007,156		SOTOS, JOHN G.	
interview Summary	Examiner		Art Unit	
	Dave Roberts	on	3623	
All participants (applicant, applicant's representative, PTO	personnel):			
(1) <u>Dave Robertson</u> .	(3)			
(2) <u>Attorney Richard Ogawa (Reg# 37692)</u> .	(4)			
Date of Interview: <u>2/19/2/008</u> .				
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2) <mark>∏</mark> applicanť	s representative]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.			
Claim(s) discussed: <u>59</u> .				
Identification of prior art discussed:				
Agreement with respect to the claims f)⊠ was reached. g)∏ was not re	eached. h)∏ N	/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Agreement to amend allo</u>				
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	opy of the ame			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTERPOLITIES ON REVERSE SIDE OF ON Attached sheet.	last Office ac OF ONE MON ERVIEW SUM	tion has already ITH OR THIRTY IMARY FORM, \	been filed, APP DAYS FROM T WHICHEVER IS	LICANT IS HIS
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.		Examiner's signa	ature, if required	

Application No.

Applicant(s)